

NOTICE RE: CERTIFICATES OF CORRECTION

DATE

TO

SUBJECT : Certificate of Correction Request in Patent No.:

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction.

- ☒ 1. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, constitute new matter or require reexamination of the application?
- ☒ 2. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, materially affect the scope or meaning of the claims allowed by the examiner in the patent?
- ☐ 3. Applicant disagrees with change(s) initialed and dated by Examiner in lieu of an Examiner's Amendment. Should the change request be granted?
- ☒ 4. With respect to the change(s) requested, correcting Office and/or printing (A or Atty.) errors, should the patent read as shown in the certificate of correction?
- ☐ 5. If the amendment filed \_\_\_\_\_, had been considered by the Examiner, would the amendment have been entered?

PLEASE RESPOND WITHIN 7 DAYS AND RETURN THE FILE TO  
PALM LOCATION. 7580,  
CERTIFICATES OF CORRECTION BR, PARK 3 -922,

Thank you

Eva James

Legal Instrument Examiner  
Tel. No. 305-8047

PLEASE CHECK THE BOX(ES) BELOW CORRESPONDING TO THE BOXES CHECKED FOR QUESTION(S)  
ABOVE AND RETURN FILE TO: PALM LOCATION 7580, CERT. OF CORREC. BR., PK 3 -918

DATE:

The decision regarding the change(s) requested in the certificate of correction is shown below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1.YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 2.YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 3.YES            | <input type="checkbox"/> NO            | <input type="checkbox"/> Comments below |
| <input checked="" type="checkbox"/> 4.YES | <input type="checkbox"/> NO            | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 5.YES            | <input type="checkbox"/> NO            | <input type="checkbox"/> Comments below |

☐ Comments \_\_\_\_\_

Supervisor

Art Unit